

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET						Application Number <i>08/737,904</i>	Filing Date					
Substitute for Form PTO-1360 (For use with Form PTO/SB/06)						Applicant(s)						
<i>TSSC UPDATE</i>						* May be used for additional claims or amendments						
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		Indep	Depend	Indep	Depend	Indep	Depend
	Indep	Depend	Indep	Depend	Indep	Depend						
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22	1											
23	1											
49												
50												
Total Indep	1											
Total Depend	1											
Total Claims	2											
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